

ROUTING SLIP FOR INVOICES

DATE February 14, 2018

CONTRACTOR Caring to Love

PO # 2000224936

MONTH OF SERVICE January 2018

TO Jeanine

INITIAL REVIEW J

DATE 2/22/18

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 PL

DATE 2/22/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 2/22/18

EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:

NO adjustments



DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form

FEB 14 2018

DCFS  
Economic Stability

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

January 2018

Service Period

719685 2000224936

Contractor/PO#

2000 224936-0118

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,701.54	\$ 27,880.86	\$ 32,582.40	\$ 40,377.60	
FRINGE BENEFITS	\$ 10,309.44	\$ 721.02	\$ 4,293.17	\$ 5,014.19	\$ 5,295.25	
TRAVEL	\$ 1,080.00	\$ 52.55	\$ 1,027.45	\$ 1,080.00	\$ -	
OPERATING SERVICES	\$ 60,370.56	\$ 1,672.90	\$ 30,119.24	\$ 31,792.14	\$ 28,578.42	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 6,618.75	\$ 46,500.00	\$ 53,118.75	\$ 41,081.25	
OTHER CHARGES	\$ 434,880.00	\$ 43,360.00	\$ 236,150.00	\$ 279,510.00	\$ 155,370.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 28,500.00	\$ 33,250.00	\$ 23,750.00	
TOTALS	\$ 730,800.00	\$ 61,876.76	\$ 374,470.72	\$ 436,347.48	\$ 294,452.52	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Dorothy Wallis*, President/CEO  
Signature of Authorized Contractor Representative and Title

2/12/2018  
Date

FOR DCFS USE ONLY					
DCFS Invoice Number 224936 0118	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj line 2	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program Compliance Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

*Doreen Thomas*  
Signature and Title of Authorized DCFS Official

*Jeanine L. Blane* 2/22/18

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries  
SERVICE PROVIDED: Abortion Alternative-Statewide.  
  
ADDRESS 3813 N. Flannery Rd.  
Baton Rouge, LA 70814  
  
CONTACT PERSON: Dorothy Wallis  
TITLE: President/CEO

REPORT CATEGORY # 5071  
P. O. # 2000 224936  
GRS ORG CODE # 4274  
OBJECT CODE 3740  
INVOICE # 2000224936-0118  
PHONE # 225-273-1124  
  
MONTH & YEAR January 2018  
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS 1105  
1st MONTH PARTICIPANTS SERVED THIS MONTH: 197  
CUMMULATIVE 1st MONTH PARTICIPANTS 1302

**SECTION A-SALARY**

Services Coordinator	Sanaretha Gray	1,900.00	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist	Margaret Thompson	221.54	
	<b>TOTAL SALARIES-Direct Svcs</b>	<b>4,701.54</b>	<b>4,701.54 ✓</b>

**SECTION B - FRINGE**

Insurance	Direct Services	250.00	
FICA	Direct Services	359.67	
Worker's Compensation	Direct Services	111.35	
	<b>TOTAL FRINGES-Direct Svcs</b>	<b>721.02</b>	<b>721.02 ✓</b>

**SECTION C - TRAVEL**

Travel	Direct Services	52.55	
Travel	Direct Services	0.00	
	<b>TOTAL TRAVEL-Direct Svcs</b>	<b>52.55</b>	<b>52.55</b>

**SECTION D - OPERATING EXPENSES**

Printing <i>At America 11/1/18-11/1/18</i>	Direct Services	337.95 ✓	
Printing	Direct Services	0.00	
Office Supplies	Direct Services	0.00	
Copy Machine <i>Deluxe</i>	Direct Services <i>1/20/18</i>	250.00 ✓	
Internet Service	Direct Services <i>1/19/18</i>	195.00 ✓	
Media	Direct Services	0.00	
Website	Direct Services <i>1/20/18</i>	14.95 ✓	
KNOWforSURE	Direct Services <i>1/31/18</i>	875.00 ✓	
	<b>TOTAL OPERATING EXPENSES FOR MONTH</b>	<b>1,672.90</b>	<b>1,672.90</b>

163.95  
174.00  
337.95

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

**SECTION F - PROFESSIONAL**

Accounting Services	Vickie Davis	2,200.00 ✓
Performance Improvement Coord	Garcia Bodley	1,125.00 ✓
Public Relations/Media Coord	Randy Rice	700.00 ✓
Webmaster/Info Tech Cons.	Kathleen Benfield	393.75 ✓
Information Technology Cons.	Turnkey	250.00
Auditor Services	Michael Choate, CPA	0.00
	JHam/Rita	250.00
Professional Technical Svc	Michelle/Emily/Arlexis	250.00
	<b>TOTAL PROFESSIONAL</b>	<b>6,618.75</b>

6,618.75 ✓

**SECTION G-OTHER CHARGES**

Client Services:

	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	197	1,970.00
Positive Pregnancy Test	\$ 10.00	225	2,250.00
Negative Pregnancy Test	\$ 10.00	36	360.00
Abstinence Education	\$ 30.00	27	810.00
Counseling	\$ 40.00	240	9,600.00
Referral Services	\$ 10.00	274	2,740.00
Health Risk Assessment	\$ 30.00	293	8,790.00
Care Plan Development	\$ 30.00	160	4,800.00
On-going Care	\$ 30.00	137	4,110.00
Family Support Services	\$ 40.00	50	2,000.00
Home Outreach Support Services	\$ 75.00	54	4,050.00
Birth Outcome Confirmation	\$ 40.00	47	1,880.00

**TOTAL OTHER CHARGES**

**43,360.00**

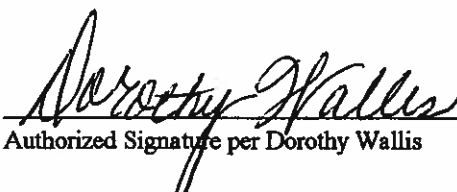
**SECTION I - INDIRECT COST**

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00
	<b>TOTAL INDIRECT COST</b>	<b>4,750.00</b>

**4,750.00**

**TOTAL INVOICE**

**\$ 61,876.76**

  
Authorized Signature per Dorothy Wallis

Project Administrator

2/9/2018  
Date

OFS Approval

Telephone Number

2/9/2018  
Date

\*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL  
PAYMENT MANAGEMENT/CONTRACTS  
PO BOX 3927  
BATON ROUGE, LOUISIANA

# Life Choice Project

Coordinated Prenatal Care for  
Louisiana's Pregnant Women

January 12, 2017

Department of Social Services  
Office of Family Support  
627 North 4<sup>th</sup> Street  
5<sup>th</sup> Floor Cubicle 5-321  
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion  
January 2017-2018 Reimbursement Invoice  
Supplementals July – December 2017

Dear Ms. Leblanc,

Please find attached, our January 2018 Cost Reimbursement Invoice, Supplementals for July 2017, August 2017, September 2017, October 2017, November 2017 and December 2017 for grant period 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of January 2018.

I'm requesting permission to fill the Clerical position with Margaret Thompson; she has a wealth of knowledge, experience, and expertise in the areas of Data Entry, Clerical Skills, Knowledge of Word & Excel, Ten Key by Touch, Interpersonal Skills, Case Management, Good Written & Verbal communication, Bookkeeping and Receptionist Skills. She graduated with a Bachelor in Science and a Masters Degree.

Hope Restored Pregnancy Resource Center would like to be a provider under the Louisiana Life Choice Project effective January 25, 2018 (letter attached).

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at any time.

I remain,



Dorothy Wallis  
Program Administration  
Caring to Love Ministries

Hope Restored Pregnancy Resource Center  
437 Grand Caillou  
Houma Louisiana 70363



Mrs. Dorothy Wallis  
Caring to Love Ministries  
3813 North Flannery Road  
Baton Rouge, LA 70814

January 25, 2018

Dear Mrs. Wallis:

Hope Restored Pregnancy Resource Center is delighted to be partnering with the Louisiana Life Choice Project (LCP). As a past participant in the LCP coalition through Family Resource Clinic, I know the value of the services that women receive through this program, as it has helped many women in our area.

One of the main reasons we are excited about working with LCP is knowing that families in need can receive not only accurate medical information concerning their pregnancies but also material goods that enable them to provide for their babies in their own homes. We also appreciate that clients going through the LCP program have the opportunity to learn life long skills about raising a happy, healthy child and about maintaining good family relationships.

We are excited to be able to join with this coalition, as we are certain it can only benefit the women of Terrebonne Parish and the surrounding parishes. We look forward to working with you.

Sincerely,



Tara Detiveaux

Executive Director

Hope Restored Pregnancy Resource Center



## ***Delivery Confirmation***

I, the undersigned, acknowledge receipt of the following:

- **Letter to Ms. Jeanine Le Blanc**
- **One Copy**
- **Cover Letter**
- **Cost Reimbursement Invoices for January 2018, Supplementals July 2017 – December 2017**
- **Section A: Salary**
- **Section B: Fringe**
  - **FICA**
  - **LCTA – Worker Compensation**
- **Section C: Travel**
- **Section D: Operating Expenses**
  - **Cancelled Checks and Wire Transfers**
- **Section F: Professional services**
  - **Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- **Section G: Other Charges – Coordinated Prenatal Care Services**
  - **Subcontractors' Front Page and Wire Transfer**
- **Section I: Indirect Costs- Project Administrative**
  - **Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- **TANF –MOS Report January 2018, Supplementals July 2017 – December 2017**

*Please sign and return via scanned or email to [dwallis@ctlm.org](mailto:dwallis@ctlm.org)*

**Thank You,**

P.O.# 200 224936 - 0118  
ACH Transfer Detail Grid for January 2018

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Str Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	27-31	32	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	43	44	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	46-47	48	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	49	50	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	51	52	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	53	54	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	57	58	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	59	60	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	61	62	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	63	64	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	65	66	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	69	71	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	72	74	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	75	77	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	78	80	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	81	83	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	84	86	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	87.1	88	Gulf Coast Bank & Tst	5





**GULF COAST BANK**  
& Trust Company

Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 2/10/2018 5:54 PM

**\$613.26**  
Available Balance

Start Date                      End Date                      Transaction Type  
2/7/2018                      2/10/2018

Min Amount                      Max Amount                      Check #  
\$0.00                      to                      \$0.00                      to

Apply Filters

Reset

ACH Pg #

Date	Description	Amount
FEB 9 2018	Jan 2018 CPC	71 (\$15,735.00)
FEB 9 2018	Jan 2018 APC	77 (\$12,240.00)
FEB 9 2018	Jan 2018 WRC	74 (\$7,180.00)
FEB 9 2018	Jan 2018 Restoration	83 (\$5,435.00)
FEB 9 2018	Jan 2018 Access-Catholic	80 (\$1,560.00)
FEB 9 2018	Jan 2018 Gonzales	86 (\$1,210.00)
FEB 9 2018	Travel-Jan 2018	32 (\$52.55)
FEB 7 2018	D Wallis-Jan18	88 (\$4,500.00)
FEB 7 2018	Sept17 Suppl	(\$3,930.00)
FEB 7 2018	Aug17 Suppl	(\$2,955.00)
FEB 7 2018	Dec17 Media	(\$2,667.00)

FEB 7 2018	Sept17 Suppl		(\$2,500.00)
FEB 7 2018	Sept17 Suppl		(\$2,340.00)
FEB 7 2018	July17 Suppl		(\$2,250.00)
FEB 7 2018	Jan18	48	(\$2,200.00)
FEB 7 2018	Aug17 Suppl		(\$2,175.00)
FEB 7 2018	July17 Suppl		(\$1,810.00)
FEB 7 2018	Aug17 Suppl		(\$1,620.00)
FEB 7 2018	July17 Suppl		(\$1,620.00)
FEB 7 2018	Aug17 Suppl		(\$1,520.00)
FEB 7 2018	Oct17 Suppl		(\$1,320.00)
FEB 7 2018	Jan18	50	(\$1,125.00)
FEB 7 2018	Jan17 SFW	44	(\$875.00)
FEB 7 2018	Jan18	58	(\$800.00)
FEB 7 2018	July17 Suppl		(\$710.00)
FEB 7 2018	Jan17 P/R	52	(\$700.00)
FEB 7 2018	Jan18	66	(\$500.00)
FEB 7 2018	Aug17 Suppl Gonzales		(\$420.00)
FEB 7 2018	Jan18	54	(\$393.75)
FEB 7 2018	Sept17 Suppl Gonzales		(\$370.00)

FEB 7 2018	July17 Suppl		(\$270.00)
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FEB 7 2018	Jan18	60	(\$250.00)
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FEB 7 2018	Jan18	62	(\$250.00)
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FEB 7 2018	Dec17 Suppl		(\$180.00)
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FEB 7 2018	Jan18	64	(\$150.00)
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FEB 7 2018	Sept17 Suppl		(\$140.00)
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FEB 7 2018	Aug17 Suppl		(\$120.00)
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FEB 7 2018	July17 Suppl Gonzales		(\$80.00)
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FEB 7 2018	TMS Transfer from DDA#100637305 per Dorothy Wallis		+ \$2,500.00
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**PO# 2000 224936**

**SECTION A**

**SALARY**

**SECTION A - SALARY**  
**Caring To Love Ministries**  
**LCP Payroll Summary**  
 January 2018

4:28 PM

02/11/18

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	Thompson, Margaret B	TOTAL
<b>Employee Wages, Taxes and Adj...</b>					
Gross Pay					
Care Pregnancy Clinic S...	1,800.00	1,900.00	3,050.68	221.54	6,972.22
Counseling Center Salary	0.00	0.00	0.00	0.00	0.00
<b>Total Gross Pay</b>	<b>1,800.00</b>	<b>1,900.00</b>	<b>3,050.68</b>	<b>221.54</b>	<b>6,972.22</b>
Deductions from Gross Pay					
Health Insurance (taxable)	0.00	0.00	-452.22	0.00	-452.22
<b>Total Deductions from Gro...</b>	<b>0.00</b>	<b>0.00</b>	<b>-452.22</b>	<b>0.00</b>	<b>-452.22</b>
<b>Adjusted Gross Pay</b>	<b>1,800.00</b>	<b>1,900.00</b>	<b>2,598.46</b>	<b>221.54</b>	<b>6,520.00</b>
Taxes Withheld					
Federal Withholding	0.00	-218.00	-340.00	0.00	-558.00
Medicare Employee	-26.10	-27.55	-44.23	-3.21	-101.09
Social Security Employee	-111.60	-117.80	-189.14	-13.74	-432.28
LA - Withholding	-38.56	-53.84	-72.16	-0.72	-165.08
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00	0.00
<b>Total Taxes Withheld</b>	<b>-176.26</b>	<b>-416.99</b>	<b>-645.53</b>	<b>-17.67</b>	<b>-1,256.45</b>
<b>Net Pay</b>	<b>1,623.74</b>	<b>1,483.01</b>	<b>1,952.93</b>	<b>203.87</b>	<b>5,263.55</b>
<b>Employer Taxes and Contributions</b>					
Medicare Company	26.10	27.55	44.23	3.21	101.09
Social Security Company	111.60	117.80	189.14	13.74	432.28
<b>Total Employer Taxes and Contr...</b>	<b>137.70</b>	<b>145.35</b>	<b>233.37</b>	<b>16.95</b>	<b>533.37</b>

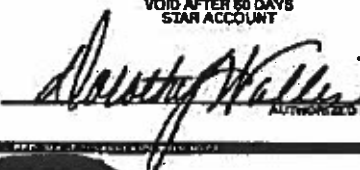
Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	Sanaretha Gray ✓	1,900.00 ✓		145.35	45.00	190.35 ✓	2,090.35
Home Prenatal Care Nurse	Kim Hardee ✓	1,600.00 ✓	250.00 ✓	122.40	37.89	410.29 ✓	2,010.29
Home prenatal Care Educator	J Monic Adams ✓	980.00 ✓		74.97	23.21	98.18 ✓	1,078.18
Clerical Support	Margaret Thompson	221.54 ✓		16.95	5.25	22.20 ✓	243.74
<b>TOTALS</b>		<b>4,701.54</b>	<b>250.00</b>	<b>359.67</b>	<b>111.35</b>	<b>721.02</b>	<b>5,422.56</b>

**NOTE:** The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

# Transactions Details

Posting Date	01/08/2018
Transaction Date	01/08/2018
Description	DDA CHECK 0000009437
Transaction Type	Debit
T/C	0077
Amount	\$741.50
Balance	\$8,521.38

Front Back

<b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9437 04-15/884 1/5/18
PAY TO THE ORDER OF <u>Sanaretha A Gray</u>		\$ 741.50
Seven Hundred Forty-One and 50/100		DOLLARS
Sanaretha A Gray PO Box 413 Prairieville, LA 70769		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE
MEMO Pay Period: 12/16/17 - 12/31/17		
⑆009437⑆ ⑆065400153⑆		

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1900.00 for month

2/5/2018

PO# 2000 224936-0118

Section A-Personnel Services Coord.

Hancock Whitney Bank


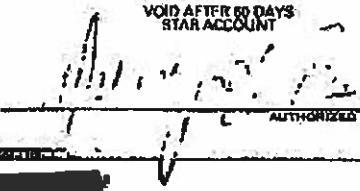
Page 3 of 8

## Transactions Details

Posting Date	01/24/2018
Transaction Date	01/24/2018
Description	DDA CHECK 0000009449
Transaction Type	Debit
T/C	0077
Amount	\$741.51
Balance	\$7,114.93

Front

Back

 <b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 94-16/854 1/22/18	9449
PAY TO THE ORDER OF <u>Sanaretha A Gray</u>		\$ 741.51	
Seven Hundred Forty-One and 51/100			DOLLARS
Sanaretha A Gray PO Box 413 Prairieville, LA 70769		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 01/01/18 - 01/15/18			
⑈009449⑈ ⑆065400153⑆			

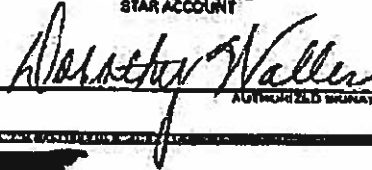
SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1900.00 for month

Transactions Details

Posting Date	02/06/2018
Transaction Date	02/06/2018
Description	DDA CHECK 0000009438
Transaction Type	Debit
T/C	0077
Amount	\$976.46
Balance	\$12,633.09

Front Back

<b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 84-15454 1/5/18	9438
PAY TO THE ORDER OF: Kim A Hardee		\$**976.46	
Nine Hundred Seventy-Six and 48/100		DOLLARS	
Kim A Hardee 15947 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 12/18/17 12/31/17			
⑈009438⑈ ⑈065400153⑈			

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month



## Transactions Details

Posting Date	02/06/2018
Transaction Date	02/06/2018
Description	DDA CHECK 0000009450
Transaction Type	Debit
T/C	0077
Amount	\$976.47
Balance	\$11,656.62

Front Back

<b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 84-15754 1/22/18	9450
PAY TO THE ORDER OF <b>Kim A Hardee</b>		\$ **876.47	DOLLARS
Nine Hundred Seventy-Six and 47/100 *****			
Kim A Hardee 15947 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT <i>Ruthy Wells</i> AUTHORIZED SIGNATURE	
MEMO Pay Period: 01/01/18 - 01/15/18			
*009450* 1:06 5400 153:			

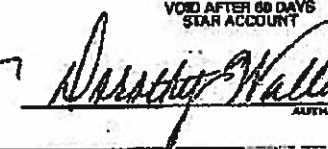
SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	01/08/2018
Transaction Date	01/08/2018
Description	TELLER CASHED DEBIT 0000009434
Transaction Type	Debit
T/C	0040
Amount	\$811.87
Balance	\$10,103.91

Front Back

<b>CARING TO LOVE MINISTRIES</b> <b>STAR ACCOUNT</b> 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 84-15664 1/6/18	9434
PAY TO THE ORDER OF Jashonda Monic Adams		\$811.87	
Eight Hundred Eleven and 87/100		DOLLARS	
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 12/16/17 - 12/31/17			
⑈009434⑈ ⑈065400153⑈			

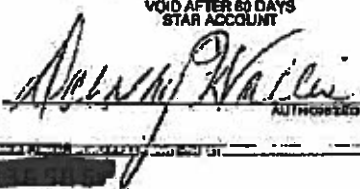
SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	01/22/2018
Transaction Date	01/22/2018
Description	TELLER CASHED DEBIT 0000009446
Transaction Type	Debit
T/C	0040
Amount	\$811.87
Balance	\$9,416.32

Front Back

<b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 84-1554 1/22/18	9446
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u>		\$ **811.87	DOLLARS
Eight Hundred Eleven and 87/100			
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 01/01/18 - 01/15/18			
⑈009446⑈ ⑈065400153⑈			

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	01/24/2018
Transaction Date	01/24/2018
Description	DDA CHECK 0000009455
Transaction Type	Debit
T/C	0077
Amount	\$203.87
Balance	\$6,428.06

Front	Back
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<b>CARING TO LOVE MINISTRIES</b> <b>STAR ACCOUNT</b> 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		WHITNEY BATON ROUGE, LOUISIANA 04-15/254	9455 1/22/18
PAY TO THE ORDER OF Margaret B Thompson		\$ 203.87	
Two Hundred Three and 87/100		DOLLARS	
Margaret B Thompson 383 Rivercrest Ave Baton Rouge, LA 70807		VOID AFTER 60 DAYS STAR ACCOUNT AUTHORIZED SIGNATURE	
MEMO Pay Period: 01/01/18 - 01/15/18			
009455 0065400153			

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$221.54 for month

16

**PO# 2000 224936**

**SECTION B**

**FRINGES**

GBS82087000173020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814Group ID: 27A6HERC  
Subgroup ID: 0000Due Date: 01/15/2018  
Billing Date: 01/02/2018Invoice Period From: 01/15/2018  
Invoice Period Through: 02/14/2018  
Invoice Number: 180020001383

Subscriber Count: 2

5225 Employee Benefits CPC

Outstanding Balance..... (\$2,134.03)

Premiums This Period..... \$2,217.29

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,217.29

**Please Pay Total Amount Due**

\$83.26

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➡

SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

## Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	DDA CHECK 0000017753
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$691.49

Front	Back
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<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3813 N. PLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 04-15/554 11/11/17	<b>17753</b>
PAY TO THE ORDER OF <b>Blue Cross Blue Shield</b>		<b>\$2,134.03</b>	<b>11/11/17</b>
Two Thousand One Hundred Thirty-Four and 03/100		DOLLARS	
Blue Cross Blue Shield P.O. Box 650007 Dallas, TX 75265		VOID AFTER 60 DAYS OPERATING ACCOUNT <i>Society Wells</i> AUTHORIZED SIGNATURE	
MEMO Group ID 27A81ERC Subgroup 0000 1/15/18 - 2/14/18			
017753 065400153			

## SECTION B-FRINGES-Insurance

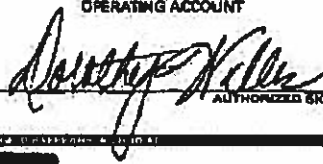
LCP Budget to reimburse CTLM = \$250.00 for month

<b>Received</b>  FEB 14 2018  DCFS Economic Stability
--

Transactions Details

Posting Date	01/23/2018
Transaction Date	01/23/2018
Description	DDA CHECK 0000017810
Transaction Type	Debit
T/C	0075
Amount	\$83.26
Balance	\$15,900.47

Front Back

<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 84-15-654 1/14/18	<b>17810</b>
PAY TO THE ORDER OF <b>Blue Cross Blue Shield</b>		<b>\$ 83.26</b>	DOLLARS
<b>Eighty-Three and 26/100</b>			
Blue Cross Blue Shield P.O. Box 850007 Dallas, TX 75285		VOID AFTER 60 DAYS OPERATING ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Group ID 27A81ERC Subgroup 0000 01/15/18-02/14/18			
⑈017810⑈ ⑆065400⑆53⑆			

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



**GROUP SUMMARY**

Group Name: CARING TO LOVE MINISTRIES  
 Group ID: 27A61ERC  
 Subgroup ID: 0000  
 Due Date: 01/15/2018

**► PAYMENTS**

Description	Date	Amount
Payment Received	11/30/2017	\$2,134.03
Payment Received	12/06/2017	\$2,134.03
Payment Received	12/19/2017	\$2,134.03
<b>Total</b>		<b>\$6,402.09</b>

**► PREMIUMS BY COVERAGE TYPE - BCBSLA**

Coverage Type	Sub Count	Total
Medical	2	\$2,217.29
<b>Total</b>		<b>\$2,217.29</b>

**► PREMIUMS BY PRODUCT DETAIL - BCBSLA**

Product	Sub Count	Total
PPO	2	\$2,217.29
<b>Total</b>		<b>\$2,217.29</b>

**► PREMIUMS BY CLASS**

Class	Sub Count	Total
<b>SECTION B-FRINGES-Insurance</b>		
A001	2	\$2,217.29
<b>LCP Budget to reimburse CTLM - \$250.00 for month</b>		
<b>Total</b>		<b>\$2,217.29</b>

## EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES

Group ID: 27A61ERC

Subgroup ID: 0000

Due Date: 01/15/2018

## ▶ A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Hardee, Kim A.	202227628	PPO	\$0.00	\$1,293.21	0	\$1,293.21
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
<b>Totals</b>						<b>\$2,217.29</b>

## SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

**EFTPS**

Electronic Federal Tax Payment System

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TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

**Deposit Confirmation**

Your payment has been accepted.

**Payment Successful**

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

**REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!****EFT ACKNOWLEDGEMENT NUMBER:**

270843881528051

**PLEASE NOTE**

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

**Payment Information****Entered Data**

<b>Taxpayer EIN</b>	xxxxx7636
<b>Tax Form</b>	941 Employers Federal Tax
<b>Tax Type</b>	Federal Tax Deposit
<b>Tax Period</b>	Q1/2018
<b>Payment Amount</b>	\$3,175.36
<b>Settlement Date</b>	02/07/2018
<b>Subcategories:</b>	
1 Social Security	\$1,900.82
2 Medicare	\$444.54
3 Tax Withholding	\$830.00
<b>Account Number</b>	xxxxx6585
<b>Account Type</b>	CHECKING
<b>Routing Number</b>	085400153
<b>Bank Name</b>	WHITNEY BANK

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[USA.gov](#)   [IRS.gov](#)   [Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-0118

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$359.67 for month

PO# 2000 224936-0118

Workman's Comp Life Choice \$111.35 Section B

Section Fringes Worker's Comp



LCTA CASUALTY INSURANCE COMPANY CTLM

\$150.65

## SELF-REPORTING WORKSHEET

Total= \$262.00

Page 1 of 2 118  
Print Date: 1/26/2018

Care Pregnancy Clinic  
Caring to Love Ministries Inc  
3813 N Flannery  
Baton Rouge, LA 70814

Agent: 576  
Ozark South Central Insurance  
(225)775-7814

Carrier Policy #: WC-1-019438-118  
Rating State: LA  
Payment Due: 2/15/2018

Policy No.: 001000019438118

Division: 0

Policy period: 1/01/2018 - 1/01/2019  
Reporting Period: 1/01/2018 - 1/31/2018

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noo	<u>8570.70</u>	.29	<u>24.86</u>
8864	Social Svcs Org-All Employees	<u>8992.68</u>	2.58	<u>232.01</u>
Life Choice = \$111.35 CTLM = \$150.65 TOTAL = \$262.00				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium <u>256.87</u>		
		(7) Increased Limits .000% +		
		(8) Subtotal - <u>256.87</u>		
		(9) Discount factor before modifier x 1.000		
		(10) Subtotal - <u>256.87</u>		
Months not reported:		(11) Experience Modifier x		
		(12) Subtotal - <u>256.87</u>		
		(13) Discount factor after modifier x 1.000		
Make check payable to:  LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(14) Total Premium Due - <u>256.87</u>		
		(15) Add cents to round <u>.13</u>		
		(16) +		
		(17) Previous Balance + .00		
		(18) Total Due - <u>257.00</u>		

For billing inquiries, call: PREMIUM ACCT 225-242-4443

## Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie DavisTitle: AccountantDate: 2/5/18

24

2/6/2018,

Mail - luv@ctlm.org

# Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

BusinessServices@intuit.com

Tue 2/6/2018 2:39 PM

To: luv luv <luv@ctlm.org>;

**Dear Care Pregnancy Clinic - 19438**

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

<b>Transaction Receipt</b>			
Transaction Type	<b>Sale</b>	Amount:	<b>\$262.00</b>
Name:	<b>Care Pregnancy Clinic - 19438</b>	Date & Time:	<b>02/06/2018 - 12:38 PST</b>
<b>Check Information</b>			
Account No.:	<b>*****69</b>	Account type:	<b>Checking</b>
Routing No.:	<b>*****153</b>		
<b>Payment ID</b>			
Authorization Code:	<b>398-636</b>	Transaction ID:	<b>aj1414rv</b>

Thank you for your order,  
LCTA CASUALTY INSURANCE COMPANY

[LCTAACCOUNTING@LCTACOMP.COM](mailto:LCTAACCOUNTING@LCTACOMP.COM)

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$262.00 on or after 02/06/2018 - 12:38 PST. If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at [LCTAACCOUNTING@LCTACOMP.COM](mailto:LCTAACCOUNTING@LCTACOMP.COM).

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

**PO# 2000 224936-0118**

**Section B-Fringes-Worker's Comp**

**Page 2 of 2**

**SECTION 1-FRINGES-Worker's Comp**

**LCP Budget to reimburse CTLM = \$111.35 for month**

25

**PO# 2000 224936**

**SECTION C**

**TRAVEL**

**Jeanine M. LeBlanc**

---

**From:** Dorothy Wallis <dwallis@ctlm.org>  
**Sent:** Wednesday, February 21, 2018 4:09 PM  
**To:** Jeanine M. LeBlanc  
**Cc:** Dorothy Wallis  
**Subject:** RE: 2000224936 CtL January 2018 invoice info needed  
**Attachments:** January 2017 Travel Form for Monique.pdf

Jeanine,

Thank you for bring this to my attention. Per your request I have signed the travel authorization form to authorize payment for Jashonda Adams.

Thank you again,

Dorothy Wallis

---

**From:** Jeanine M. LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]  
**Sent:** Wednesday, February 21, 2018 1:41 PM  
**To:** Dorothy Wallis <dwallis@ctlm.org>  
**Subject:** 2000224936 CtL January 2018 invoice info needed

Ms. Wallace,

Please see the attached travel form. In order to reimburse travel, the form must also be signed by Ms. Jashonda Adams' immediate supervisor.

Please email me the signed form by Friday, February 23, 2018,

Thank you.

*Jeanine LeBlanc*

Jeanine LeBlanc  
ES Program Consultant  
Dept. Children and Family Services  
627 North Fourth Street, 5-321  
Baton Rouge, LA 70802  
[Jeanine.LeBlanc@la.gov](mailto:Jeanine.LeBlanc@la.gov)  
Office 225-342-5417  
Fax 225-342-2536

## TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE  
Jeshonda Adams

ADDRESS  
11625 Sherwood Valley CT

CITY  
Baton Rouge

ACH = \$52.55 = budget available

DATE OF CLAIM 1-31-18

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

01/01/18 - 01/31/18

## Expense Summary

Automobile:	Lump-Sum Allowance		\$	
	Per Mile Cost:	mi. @ .51	\$	
	450	mi. @ .51	\$ 229.50	\$ 229.50
Subsistence:	Lodging		\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$
Tolls and Parking				\$
Tips (for baggage handling only)				\$
Other Expenses				\$
Less: Travel Advance				\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients			\$ 229.50

## Certificate of Payee

\* Budget available = 52.55

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

Home Prenatal Care Educator  
TITLE OR POSITION

East Baton Rouge  
OFFICIAL DOMICILE

## Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis  
NAME

SIGNED BY:

CEO/President  
TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference



## TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$52.55 = budget available

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashonda Adams

ADDRESS

11625 Sherwood Valley CT

CITY

Baton Rouge

DATE OF CLAIM

1-31-18

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

01/01/18 - 01/31/18

## Expense Summary

Automobile:	Lump-Sum Allowance	\$	
	Per Mile Cost:	mi. @ .51	\$
	450	mi. @ .51	\$ 229.50
Subsistence:	Lodging	\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	\$
Tolls and Parking		\$	
Tips (for baggage handling only)		\$	
Other Expenses		\$	
Less: Travel Advance		\$	
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients		\$ 229.50

## Certificate of Payee

\* Budget Available = 52.55

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.



Home Prenatal Care Educator

East Baton Rouge

SIGNED BY PAYEE

TITLE OR POSITION

OFFICIAL DOMICILE

## Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

CEO/President

NAME

SIGNED BY:

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$52.55 = budget available

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)

September 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Tolls	Parking	Tips	Description	Cost
	Dep	Arr		Depart	Arrive						
1/3/2017	11:49:00 AM	12:05:00 PM	3813 N Flannery Rd, BR, LA 70814 to 3112 Mission Dr, BR, LA 70805	116870	116878	8					
	12:31:00 PM	12:42:00 PM	3112 Mission Dr, BR, LA 70805 to 3813 N Flannery Rd, BR, LA 70814	116878	116886	8					
1/5/2017	12:02:00 PM	12:30:00 PM	3813 N Flannery Rd, BR, LA 70814 to 7188 Siegen Ln, BR, LA 70809	116931	116940	9					
	12:50:00 PM	1:32:00 PM	7188 Siegen Ln, BR, LA 70809 to 3813 N Flannery Rd, BR, LA 70814	116940	116949	9					
1/8/2018	11:42:00 AM	12:07:00 PM	3813 N Flannery Rd, BR, LA 70814 to 5152 Evangeline St, BR, LA 70805	117002	117010	8					
	12:25:00 PM	12:45:00 PM	5152 Evangeline St, BR, LA 70805 to 3813 N Flannery Rd, BR, LA 70814	117010	117018	8					
1/10/2018	10:15:00 AM	10:21:00 AM	3813 N Flannery Rd, BR, LA 70814 to 11689 Catalpa St, BR, LA 70815	117064	117067	3					
	10:32:00 AM	10:48:00 AM	11689 Catalpa St, BR, LA 70815 to 3813 N Flannery Rd, BR, LA 70814	117067	117070	3					
1/10/2018	12:50:00 PM	1:25:00 PM	3813 N Flannery Rd, BR, LA 70814 to 38259 Hwy 621, #23, BR, LA 70737	117071	117094	23					
	1:45:00 PM	2:25:00 PM	38259 Hwy 621, #23, BR, LA 70737 to 3813 N Flannery Rd, BR, LA 70814	117094	117117	23					
1/11/2017	9:44:00 AM	10:13:00 AM	3813 N Flannery Rd, BR, LA 70814 to 5081 Kennedy Dr, BR, LA 70791	117149	117170	21					
	10:40:00 AM	11:11:00 AM	5081 Kennedy Dr, BR, LA 70791 to 3813 N Flannery Rd, BR, LA 70814	117170	117191	21					
1/12/2017	1:46:00 PM	1:58:00 PM	3813 N Flannery Rd, BR, LA 70814 to 12391 E. Sheraton Ave, BR, LA 70815	117221	117225	4					
	2:16:00 PM	2:38 PM	12391 E. Sheraton Ave, BR, LA 70815 to 3813 N Flannery Rd, BR, LA 70814	117225	117229	4					

Total Miles Traveled 152 ✓  
 Rate per Mile 0.51  
 Total Amount to Bill \$ 77.52

ACH = \$52.55 = budget available

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel  
 BA-12 (3/97)  
 September 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance		Meals		Tolls and Parking		Other Expenses	
	Dep	Arr		Depart	Arrive		Lodging	No.	Cost	Parking	Tips	Description	Cost	
1/15/2018	9:53:00 AM	10:09:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 31618 LA Highway 16, DS, LA 70726	117281	117290	9								
1/15/2018	10:56:00 AM	11:02:00 AM	31618 LA Highway 16, DS, LA 70726 to 3813 N. Flannery Rd, BR, LA 70814	117290	117299	9								
1/15/2018	2:18:00 PM	2:45:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 2068 Fountain Ave, BR, LA 70810	117299	117313	14								
1/15/2018	3:05:00 PM	3:36:00 PM	2068 Fountain Ave, BR, LA 70810 to 1957 N. Ardenwood Dr # 6040, BR, LA 70806	117313	117324	11								
1/15/2018	3:36:00 PM	4:12:00 PM	1957 N. Ardenwood Dr # 6040, BR, LA 70806 to 3813 N. Flannery Rd, BR, LA 70814	117324	117331	7								
1/24/2018	12:48:00 PM	1:03:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 12156 Hooper Rd, BR, LA 70814 to	117498	117506	8								
1/24/2018	1:23:00 PM	1:45:00 PM	12156 Hooper Rd, BR, LA 70814 to 28455 Walker Rd S, Walker, LA 70785	117506	117520	14								
1/24/2018	2:32:00 PM	2:50:00 PM	28455 Walker Rd S, Walker, LA 70785 to 3813 N. Flannery Rd, BR, LA 70814	117520	117533	13								
1/24/2018	3:42:00 PM	4:01:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 5195 Plank Rd, BR, LA 70805	117533	117549	16								
1/24/2018	04:16 PM	05:02 PM	5195 Plank Rd, BR, LA 70805 to 3813 N. Flannery Rd, BR, LA 70814	117549	117559	10								
1/25/2018	10:15:00 AM	10:19:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 14280 Greenwell Springs Rd, BR, LA 70739	117597	117600	3								
1/25/2018	10:45:00 AM	11:01:00 AM	14280 Greenwell Springs Rd, BR, LA 70739 to 3813 N. Flannery Rd, BR, LA 70814	117600	117603	3								
1/26/2018	9:00 AM	9:40 AM	3813 N. Flannery Rd, BR, LA 70814 to 9980 Florida Blvd, BR, LA 70815	117624	117628	4								
1/26/2018	9:35 AM	9:45 AM	9980 Florida Blvd, BR, LA 70815 to 3813 N. Flannery Rd, BR, LA 70814	117628	117632	4								
Total Miles Traveled						119								
Rate per Mile						0.51								
Total Amount to Bill						\$ 60.69								

ACH = \$52.55 = budget available

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel									
BA-12 (3/97)									
September 2017									
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance		
	Dep	Arr		Depart	Arrive		Lodging	No.	Meals Cost
1/26/2018	9:52:00 AM	10:10:00 AM	3813 N Flannery Rd, BR, LA 70815 to 2080 N Lobdell Blvd, BR, LA 70806	117632	117639	7			
1/26/2018	10:26:00 AM	10:58:00 AM	2080 N Lobdell Blvd, BR, LA 70806 to 680 Sharp Ln, BR, LA, 70815	117639	117643	4			
1/26/2018	11:10:00 AM	11:36:00 AM	680 Sharp Ln, BR, LA, 70815 to 100 Women's Way, BR, LA 70817	117643	117650	7			
1/26/2018	12:15:00 PM	12:52:00 PM	100 Women's Way, BR, LA 70817 to 17077 Olive Dr, Livingston, LA 70754	117650	117668	18			
1/26/2018	1:05:00 PM	1:52:00 PM	17077 Olive Dr, Livingston, LA 70754 to 13146 Florida Blvd, BR, LA 70815	117668	117684	16			
1/26/2018	2:20:00 PM	2:28:00 PM	13146 Florida Blvd, BR, LA 70815 to 10311 E Brookside Dr, BR, LA 70818	117684	117692	8			
1/26/2018	3:02:00 M	3:15:00 PM	10311 E Brookside Dr, BR, LA 70818 to 3813 N Flannery Dr, BR, LA 70814	117692	117698	6			
1/29/2018	12:09:00 PM	12:30:00 PM	3813 N Flannery Dr, BR, LA 70815 to 3240 Brady St, BR, LA 70805	117789	117798	9			
1/29/2018	12:45:00 PM	1:30:00 PM	3240 Brady St, BR, LA 70805 to 27853 Juban Rd, BR, LA 70726	117798	117816	18			
1/29/2018	2:23:00 PM	3:18:00 PM	27853 Juban Rd, BR, LA 70726 to 3813 N Flannery Dr, BR, LA 70814	117816	117826	10			
1/29/2018	3:42:00 PM	3:57:00 PM	3813 N Flannery Dr, BR, LA 70814 to 6275 Matthews St, BR, LA 70814	117826	117834	8			
1/29/2018	4:05:00 M	4:22:00 PM	6275 Matthews St, BR, LA 70814 to 3813 N Flannery Dr, BR, LA 70814	117834	117842	8			
1/30/2018	11:15:00 AM	11:30:00 AM	3813 N Flannery Dr, BR, LA 70814 to 1946 Rice Dr, BR, LA 70802	117842	117871	8			
1/30/2018	11:43:00 AM	1:01:00 PM	1946 Rice Dr, BR, LA 70802 to 3813 N Flannery Dr, BR, LA 70814	117871	117879	8			

Total Miles Traveled 135  
 Rate per Mile 0.51  
 Total Amount to Bill \$ 68.85



**ACH = \$52.55 = budget available**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/8/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78857	LCP CHECKING xxxxxx6649	\$52.55

**Tracking ID: 78857**

**Total Amount: \$52.55**

**Created: 02/08/2018 8:07 AM**

**Total Payments: 1**

**Created By: DOROTHY WALLIS**

**From: LCP CHECKING xxxxxx6649**

**Authorized: 02/08/2018 8:08 AM**

**ACH Class Code: CCD**

**Authorized By: DOROTHY WALLIS**

**ACH Header: CARING TO LOVE M**

**Will process On: 2/8/2018**

**Effective: 2/9/2018**

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$52.55	XXXX6569	Checking	XXXXX0153	

**Addenda:** Travel-Jan 2018

**APPROVAL(S):**

1 DOROTHY WALLIS



PO# 2000 224936

SECTION D

OPERATING EXPENSE

0.0  
0.0  
163.95 +  
174.00 +  
337.95 \*  
337.95 +  
250.00 +  
195.00 +  
14.95 +  
875.00 +  
1,672.90 \*  
0.0

8

# Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575  
Fax: 866 324-5531

Date	Invoice #
1/1/2018	226230

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0118		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
		<b>Total</b>	<b>\$163.95</b>



# Ad America<sup>★</sup>

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575  
Fax: 866 324-5531

Date	Invoice #
1/1/2018	226228

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0118		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America		<b>Total</b>	\$174.00

35

Ad America

Bill To:

Caring to Love Ministries

NA

NA, NA 00000

Ship To:

Account : XXXXXXXXXXXXX0848

Trx Type : Sale

Order : VT262018101151

Auth : APPROVED 04578G

Amount : \$337.95

Tax : \$0.00

Total : \$337.95

Cardmember Acknowledges Receipt Of  
Goods and/or Services In The Amount Of  
The Total Shown Hereon And Agrees To  
Perform The Obligations Set Forth By The  
Cardmember's Agreement With The Issuer

X\_\_\_\_\_

PO# 2000 224936-0118

Page 3 of 3

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM =  $163.95 + 174.00 = 337.95$  for Ad America



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

## REMITTANCE SECTION

Invoice Number: 57818140  
Due Date: 02/15/2018  
Due This Period: \$555.75

Amount Enclosed: \$ \_\_\_\_\_

Please make check payable to:

CARE PREGNANCY CLINIC  
ATTN AP  
3813 N FLANNERY RD  
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



2100000578181400000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25427116  
Invoice Number: 57818140  
Account Number: 854059  
Site Number: 3951293  
Invoice Date: 01/20/2018  
Period of Performance: 01/15/2018-02/14/2018  
Due This Period: \$555.75

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

## IMPORTANT MESSAGES

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

\*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

## ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF66481		TOSHIBA / ES3505AC	25427116_1				\$294.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	DRL28209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
25427116	HRP09882		CANON / IRA4035	25427116_2				\$158.58	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										

PO# 2000 224936-0118

Page 1 of 2

Asset Amount Total: \$528.99

## SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

# Confirmation

**Thank You!** Your payment has been made.

## CARE PREGNANCY CLINIC

ATTN A P  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

<b>Payment Date</b>	2/07/2018
<b>Payment Method</b>	CTLM Operating WHITNEY BANK *****6569
<b>Total Payment</b>	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Tuesday, February 06, 2018 12:00 PM ET will be posted on Tuesday, February 06, 2018. Payments confirmed after Tuesday, February 06, 2018 12:00 PM ET will be posted on Wednesday, February 07, 2018.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105786095	854059-3951293	1/20/2018	57818140	2/15/2018	\$555.75	\$555.75

PO# 2000 224936-0118

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Invoice No. LCP 1/31/2018  
P.O.# 2000 224936**INVOICE****Customer**

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 1/31/2018

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Cost for Internet Usage	\$ 195.00	\$ 195.00

SubTotal \$ 195.00

**Payment**

Please make check payable to:  
**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

**TOTAL** \$ 195.00

Office Use Only

PO# 2000 224936-0118

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&amp;T



# AT&T

CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page 1 of 2  
Account Number 171-800-0934 001  
Billing Date Jan 19, 2018  
Questions? 1 800 358-1111  
Web Site att.com

Invoice 4610800404  
AT&T Tax ID 13-4924710

## Invoice

### Bill-At-A-Glance

Previous Bill	721.56
Payment - Thank You!	721.56CR
Adjustments	.00
Balance	.00
Current Charges	722.46
<b>Total Amount Due</b>	<b>\$722.46</b>
Payment Due Date	Feb 18, 2018

### Billing Summary

For detailed information of your charges go to  
[www.businessdirect.att.com](http://www.businessdirect.att.com)

Questions? Call: 1 800 358-1111

#### AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge  
Sub-Account #829-000-2551 191 687.96  
Sub-Account #831-000-6867 906 34.50  
Total Group #000001 722.46

**Total Current Charges 722.46**

### News You Can Use

#### News You Can Use

#### ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service if an interruption has caused an interruption. This fee will be applicable to each account that is being restored and

### SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

Return bottom portion with your check in the enclosed envelope.

### News You Can Use

**ACCOUNT STATUS - Continued**  
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

#### JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

#### REGULATORY NEWS

\*\*\*\*Important News About Your Account\*\*\*\*

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

[http://serviceguide.att.com/servicelibrary/business/ext/state\\_tariff\\_buss.cfm](http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm)

#### Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

40

2/6/2018

PO# 2000 224936-12/18 RE: I need to make a payment on our business account asap

Section D-Operating Exp-Internet \$195.00

Page 3 of 3



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com  
 To: vickiebdavis@gmail.com  
 Sent: Feb 5, 2018 1:48:50 PM EST  
 Subject: RE: I need to make a payment on our business account asap

## Make a Payment

Account: 1718000934001  
 Bill Name: CARING TO LOVE MINISTRIES

## Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...0848 Dorothy Wallace ...0848 Exp. 12/2019	SQW7CSR1E054W7P	02/05/18	\$722.46

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
4610800404	722.46	722.46	722.46

Regards,  
 Damon Sandness  
 AT&T MERK Escalation Team  
 Tel.: (866) 502-9421  
 Email: ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

PO# 2000 224936-0118

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&amp;T

41

\*\*\*Paid by Credit Card \$14.65 Wufoo.com\*\*\*

Wufoo Billing

Sat 1/20/2018 10:06 AM

To: webdevelopment webdevelopment <webdevelopment@ctim.org>; luv luv <luv@ctim.org>;



**Infinity Box Inc.**  
3050 South Delaware Street  
San Mateo, CA 94403  
United States

**Billed To :**  
Dorothy H Wallis  
3813 N. Flannery Road  
70814  
United States

**2018-01-20**

**Transaction ID: # 2487830**

### Wufoo Bill

Thanks for your payment! This email confirms that your credit card ending in **0848** was charged **\$14.95** for your **Wufoo** subscription. This transaction will appear on your credit card statement from **"Wufoo.com/charge/"** Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to [billing@wufoo.com](mailto:billing@wufoo.com)

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See [Cancellation Information](#) for more details.

Thanks again for using Wufoo and happy form building!

### The Wufoo Team

Description : Wufoo Subscription - From : January 20, 2018 to February 20, 2018

Price :	Amount Paid :	Account Name :
\$14.95	\$14.95	ctim



**Sources for Women**

A ministry of Caring To Love Ministries  
3813 N Flannery Rd  
Baton Rouge, LA 70814

Invoice No. 1/31/2018  
P.O.# 2000 224936

**INVOICE****Customer**

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 1/31/2018

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

**Payment**

SubTotal \$ 875.00

Please make check payable to:

Caring to Love Ministries  
3813 N. Flannery Road  
Baton Rouge, LA 70814

**TOTAL \$ 875.00**

Office Use Only

**SECTION D Operating Expense-KNOWforSURE**

LCP Budget to reimburse CTLM = \$875.00 for month

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77779	LCP CHECKING xxxxxx6649	\$875.00

Tracking ID: 77779

Total Amount: \$875.00

Created: 02/06/2018 4:06 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 02/06/2018 4:06 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

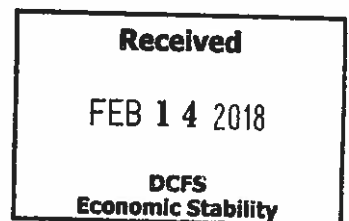
Addenda: Jan 18 SFW

**APPROVAL(S):**

1 DOROTHY WALLIS

**SECTION D Operating Expense-KNOWforSURE**

**LCP Budget to reimburse CTLM = \$875.00 for month**



PO# 2000 22493

SECTION F

PROFESSIONAL

0.0

0.0

800.00 +  
250.00 +  
250.00 +  
150.00 +  
500.00 +  
1,950.00 \*  
  
1,950.00 +  
2,200.00 +  
1,125.00 +  
700.00 +  
393.75 +  
250.00 +  
6,618.75 \*

0.0

Direct Mailing Services, Inc.

ACH = \$2200.00

**Invoice**16959 Highland Club Ave  
Baton Rouge, LA 70817

Date	Invoice #
1/31/2018	570

**Bill To**Life Choice Project  
CTLM  
3813 N Flannery Rd  
Baton Rouge, LA 70814

P.O. No.

Terms

Project

Net 5

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-January 2018	2,200.00	2,200.00
Thank you for the opportunity to serve you!		<b>Total</b>	\$2,200.00

ACH = \$2200.00  
ACH = \$2200.00

Life Choice Project  
Caring To Love Ministries  
PO # 2000 224936-0118  
January 2018

**Detailed Description for Professional: Accounting Services**

		Direct Mailing Services (Vickie Davis)	<u>\$ 2,200.00</u>
<u>Date</u>	<u>Hours</u>	<u>Description</u>	
1/3/2018	9	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
1/5/2018	9	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
1/8-1/10/18	15	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
1/12/2018	10	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
1/18/2018	8	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
1/20/2018	8	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
1/31/2018	8	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
	<u>67</u>	<u>Total Hours Worked</u>	

ACH = \$2200.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77780	LCP CHECKING xxxxxx6649	\$2,200.00

Tracking ID: 77780

Total Amount: \$2,200.00

Created: 02/06/2018 4:08 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 4:08 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS

ACH = \$1125.00

*Resources for Communities*

Garcia Bodley  
P.O. Box 73215  
Baton Rouge, LA 70874  
Phone: (225) 328-1965

Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814  
(225) 273-1124

**INVOICE**

Invoice #: 2018-100

For: Services: January, 2018

Location: Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
1/3, 1/15	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
1/5, 1/10,1/26	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	2		
ongoing	Development and editing of E-Choice Month Newsletter	4		
1/9, 1/17	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	3		
		15	\$ 75.00	\$1,125.00



ACH = \$1125.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77781	LCP CHECKING xxxxxx6649	\$1,125.00

Tracking ID: 77781

Total Amount: \$1,125.00

Created: 02/06/2018 4:09 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 4:09 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,125.00	XXXXX07195	Checking	XXXXX0090	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS



**Randy Rice and Associates** ACH = \$700.008221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
1/31/2018	13963

Louisiana Life Choice Project 3813 North Flannery Baton Rouge, LA 70814
---

DESCRIPTION	AMOUNT
January PR  Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour  4-Gathering of ratings for Radio and/or Television for each station 1-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 1-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 1-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 1-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 1-18-16 1.5-Send discrepancy notices for all spots not ran correctly 1-18-16 1-Issuance of credit in the event spots ran incorrectly 1-18-16 1-Arrange for Deliverables 1-18-16 1.5-Processing and delivery of Deliverables 1-18-16	700.00
Thank you for your business.	<b>Total</b> \$700.00



ACH = \$700.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77782	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 77782

Total Amount: \$700.00

Created: 02/06/2018 4:10 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 4:10 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda: Jan18 P/R

APPROVAL(S):

1 DOROTHY WALLIS

ACH = \$393.75

**Invoice****Kathleen Benfield Consultants**

P.O. Box 10305  
New Orleans, LA 70181

Invoice #: 201173  
Invoice Date: 1/31/2018

Terms	Net 30
-------	--------

**Bill To:**

Life Choice Project  
Dorothy Wallis  
3813 N. Flannery Rd.  
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for January, 2018 including training, modifications to web based database and reporting	393.75	1	393.75
Website/Database Maintenance and Support 01/02/18		1	0.00
Website/Database Maintenance and Support 01/09/18		2	0.00
Website/Database Maintenance and Support 01/10/18		0.75	0.00
Website/Database Maintenance and Support 01/12/18		1.5	0.00
<b>Total</b>			<b>\$393.75</b>

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

**Balance Due** **\$393.75**

2/6/2018



PO# 2000 224936-0118  
**GULF COAST BANK**  
 & Trust Company

Section F-Professional-Webmaster

Gulf Coast Bank and Trust

Page 2 of 2

ACH = \$393.75

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77783	LCP CHECKING xxxxxx6649	\$393.75

Tracking ID: 77783

Total Amount: \$393.75

Created: 02/06/2018 4:11 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/06/2018 4:11 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/6/2018

Effective: 2/7/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$393.75	XXXX8948	Checking	XXXXX0171	

Addenda:

Jan 18

## APPROVAL(S):

1

DOROTHY WALLIS

Turn Key Solutions, LLC  
11911 Justice Avenue  
Baton Rouge, LA 70816  
(225) 751-4444

**Bill To:**

Caring To Love Ministries  
Attn: Dorothy Wallis  
3813 N. Flannery Road  
Baton Rouge, LA 70814-8002  
United States

**Date**

01/01/2018

**Invoice**

10029612

Terms	Due Date	PO Number	Reference
Net 30 days	01/31/2018		Monthly Billing for February
<b>PLAN TYPE DESIGNATION: "PRIME FIXED FEE"</b> <b>SEATS INCLUDED: 8</b> <b>HELPDESK INCLUDED FOR: ALL OFFICE STAFF</b>  <b>PRIMARY components of your selected support plan:</b> <ul style="list-style-type: none"> <li>* The full TKS Partner Pulse Process</li> <li>* Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.</li> <li>* Network Security &amp; Risk Assessment Scheduled regularly throughout the year</li> <li>* TKS' Gold Standard Implementation at no extra cost</li> <li>* Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems</li> <li>* Offsite monitoring and log review of your firewall</li> <li>* 24 x 7 monitoring of your system</li> </ul> <b>STRATEGY, VCIO, AND STANDARDS:</b> <ul style="list-style-type: none"> <li>* vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions</li> <li>* Onsite Wellness Checkups Schedule: _____, and constant remote monitoring</li> <li>* Full suite of reports delivered daily, weekly, and monthly to keep you informed</li> </ul> <b>DISASTER RECOVERY:</b> <ul style="list-style-type: none"> <li>* Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically</li> <li>* Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)</li> <li>* Remote support to restore service is included and not billable</li> <li>* Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).</li> </ul> <b>REMOTE HELP DESK:</b> <ul style="list-style-type: none"> <li>* We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.</li> <li>* Unlimited remote Server Administration, User Account Management</li> <li>* We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.</li> <li>* Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.</li> </ul> <b>ONSITE SERVICES:</b> <ul style="list-style-type: none"> <li>* Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.</li> <li>* Onsite support and other services are billed separately, at 75% of regular rates (25% discount).</li> </ul> <b>PROJECTS (MOVES/ADDS/CHANGES):</b> <ul style="list-style-type: none"> <li>* PC &amp; Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.</li> <li>* 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.</li> <li>* All other project work is billed separately, at 75% of regular rates (25% discount).</li> </ul> <b>CLOUD &amp; MOBILITY SERVICES:</b> <ul style="list-style-type: none"> <li>* Not included, available separately</li> </ul>			

Please make checks payable to Turn Key Solutions, LLC  
Mail to: 11911 Justice Ave, Baton Rouge, LA 70816  
or use <https://www.billandpay.com/go/tks>  
Thank you!

<b>Invoice Subtotal:</b>	1,101.04
<b>Sales Tax:</b>	109.82
<b>Invoice Total:</b>	1,210.86

**Section F Professional-Information Technology Cons.-Turnkey**

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

LCP Budget to Reimburse CCLM - \$250.00

\$250.00

55

**Payment Receipt**  
**TurnKey Solutions, LLC**  
11911 Justice Ave  
Baton Rouge, LA 70816  
225-751-4444  
ar@turnkeysol.com

---

Date: 01/18/2018

Confirmation Code: 1588437-6745-1815172823

Customer: Caring To Love Ministries

Amount: \$1,210.86

Name On Account: Dorothy H. Wallace

Account: Credit Card \*\*\*\*\*0848

---

Item	Date Created	Due Date	Amount Paid
Invoice 10029435	01/01/2018	01/31/2018	\$1,210.86

**Section F Professional-Information Technology Cons.-Turnkey**

**LCP Budget to reimburse CTLM = \$250.00**

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

## J HAM ENTERPRISES, INC.

## INVOICE

**Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries  
 3813 North Flannery Rd.  
 Baton Rouge, LA 70814

**Remit to:**

J Ham Enterprises, Inc.  
 812 Sandy Lane  
 Ruston, LA 71270

**Description**

Pregnancy Help Center Consulting  
 January 2018  
 27 hours @ \$30.00 per hour

**Amount Due:**

\$800.00

**Summary description of activities by category:**

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
1	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping





ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE****Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**Sanaretha Gray  
P. O. Box 413  
Prairieville, LA 70769**Description**Pregnancy Help Center Consulting  
January 2018  
25 hours @ \$10.00 per hour**Amount due:**

\$250.00

**Summary description of activities by category:**

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77785	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 77785

Total Amount: \$250.00

Created: 02/06/2018 4:13 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Sanaretha Gray

Authorized: 02/06/2018 4:13 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	

Addenda: Jan18

APPROVAL(S):

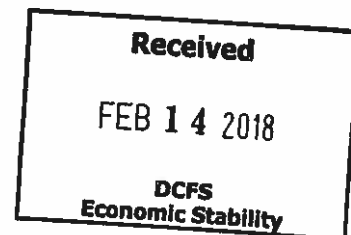
1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE****Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**  
Michelle Dyess  
12238 Leblanc Ln  
Walker, LA 70785**Description**  
Pregnancy Help Center Consulting  
January 2018  
10 hours @ \$25 per hour**Amount due:**  
\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge and Restoration PRC. <ul style="list-style-type: none"><li>- Audit of client files, review of Standards of Care, Review of Clinic Policies &amp; Procedures, Review of Instructional Resources, Discussion of findings with Director</li></ul>
2	Preparation, completion, & Submission of Compliance Documents



Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77788	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 77788

Total Amount: \$250.00

Created: 02/06/2018 4:14 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Michelle Dyess

Authorized: 02/06/2018 4:14 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	

Addenda: Jan18

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE**

**Date:** January 31, 2018

**Attention:** Dorothy Wallis

**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

**Remit to:**  
Emily Ilgenfritz  
4605 S Saratoga St  
New Orleans, 70115

**Description**  
Pregnancy Help Center Consulting  
January 2018  
10 hours @ \$15.00 per hour

**Amount due:**  
\$150.00

**Summary description of activities by category:**

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

**ACH \$800+\$250+\$250+\$150+\$500=\$1950.00**

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77790	LCP CHECKING xxxxxx6649	\$150.00

Tracking ID: 77790

**Total Amount: \$150.00**

**Created: 02/06/2018 4:14 PM**

**Total Payments: 1**

**Created By: DOROTHY WALLIS**

**Description:** Emily Ilgenfritz

**Authorized: 02/06/2018 4:15 PM**

**From: LCP CHECKING xxxxxx6649**

**Authorized By: DOROTHY WALLIS**

ACH Class Code: PPD

**Will process On: 2/6/2018**

**ACH Header: CARING TO LOVE M**

**Effective: 2/7/2018**

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: Jan18

**APPROVAL(S):**

1 DOROTHY WALLIS

64

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE****Date:** January 31, 2018**Attention:** Dorothy Wallis**Bill to:**  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**  
Alexis Farrugia  
416 Shrewsbury Ct.  
Jefferson, LA 70121**Description**  
Pregnancy Help Center Consulting  
January 2018  
20 hours @ \$25.00 per hour**Amount due:**  
\$500.00**Summary description of activities by category:**

Hours	Activity
16	Review and verification of Clinic billing packets, compilation of error report
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with director
2	Preparation, Completion, & Submission of Compliance Documents



**ACH \$800+\$250+\$250+\$150+\$500=\$1950.00**

Created	Status	Approvals	Transaction Type	Account	Amount
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77792	LCP CHECKING xxxxxx6649	\$500.00

Tracking ID: 77792

**Total Amount: \$500.00**

**Created: 02/06/2018 4:15 PM**

**Total Payments: 1**

**Created By: DOROTHY WALLIS**

**Description:** Alexis Farrugia

**Authorized: 02/06/2018 4:15 PM**

**From: LCP CHECKING xxxxxx6649**

**Authorized By: DOROTHY WALLIS**

ACH Class Code: PPD

**Will process On: 2/6/2018**

**ACH Header: CARING TO LOVE M**

**Effective: 2/7/2018**

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: Jan 18<sup>6</sup>

**APPROVAL(S):**

1 DOROTHY WALLIS

66



**PO# 2000 224936**

**SECTION G**

**OTHER CHARGES**

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

\*\*\*Jan 2018 BILLED \*\*\*\*\*

**TOTAL ALL SUB REPORTS**

Gummi from Last Month	1105	Gummi 2nd Visits Last Month	1366
Number of New Participants	197	New 2nd Visits	283
Cumulative Participants	1302	Gummi 2nd Visits	1859

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	197	\$ 1,970.00
2 Positive Pregnancy Test	\$ 10.00	225	\$ 2,250.00
3 Negative Pregnancy Test	\$ 10.00	36	\$ 360.00
4 Abstinence Education	\$ 30.00	27	\$ 810.00
5 Counseling	\$ 40.00	240	\$ 9,600.00
6 Referral Services	\$ 10.00	274	\$ 2,740.00
7 Health Risk Assessment	\$ 30.00	293	\$ 8,790.00
8 Care Plan Development	\$ 30.00	160	\$ 4,800.00
9 On-going Care	\$ 30.00	137	\$ 4,110.00
10 Family Support Services	\$ 40.00	50	\$ 2,000.00
11 Home Outreach Support Services	\$ 75.00	54	\$ 4,050.00
12 Birth Outcome Confirmation	\$ 40.00	47	\$ 1,880.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		1,740	\$ 43,360.00

Amount Due \$ 43,360.00

**Summary:**

Care Pregnancy Clinic	\$ 15,735.00
Women's Resource Center of Natch LA	\$ 7,180.00
A Pregnancy Center	\$ 12,240.00
Access Pregnancy-(Catholic Charities)	\$ 1,560.00
Restoration House	\$ 5,435.00
CPC-Gonzales	\$ 1,210.00

**TOTAL ALL CENTERS**

**\$ 43,360.00**

**Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Care Pregnancy Clinic  
Project Number          LCP17-18-01  
Date of Report          01/01/2018 thru 01/31/2018 (Report Printed: 02/07/2018)  
Report Submitted By      Deborah Clayton  
Address                  3813 N. Flannery Rd.  
City State Zip              Baton Rouge, LA 70814

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

**REIMBURSEMENT**

New Pos. Clients:76 2nd:57 3rd:19 Pantry:85 Home:27 Postpartum:20

Description of Service	#Served	Reimb. Cost	Total
Intake Application	82	\$10	\$ 820
Positive Pregnancy Test	76	\$10	\$ 760
Negative Pregnancy Test	24	\$10	\$ 240
Abstinence Education	24	\$30	\$ 720
Counseling	76	\$40	\$ 3040
Referral Services	95	\$10	\$ 950
Health Risk Assessment	103	\$30	\$ 3090
Care Plan Development	57	\$30	\$ 1710
On-Going Care/Monitoring	46	\$30	\$ 1380
Family Support Services	5	\$40	\$ 200
Home Outreach Support Services	27	\$75	\$ 2025
Birth Outcome Confirmation	20	\$40	\$ 800

Total Services	635	\$ 15735
----------------	-----	----------

☐ 2<sup>nd</sup> Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	415	Cumm 2nd Visits Last Month	491
Number of New Participants for This Month	82	New 2nd Visits	103
Cummulative Participants	497	Cumm 2nd Visits	594

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	82	\$ 820.00
2 Positive Pregnancy Test	\$ 10.00	76	\$ 760.00
3 Negative Pregnancy Test	\$ 10.00	24	\$ 240.00
4 Abstinence Education	\$ 30.00	24	\$ 720.00
5 Counseling	\$ 40.00	76	\$ 3,040.00
6 Referral Services	\$ 10.00	95	\$ 950.00
7 Health Risk Assessment	\$ 30.00	103	\$ 3,090.00
8 Care Plan Care	\$ 30.00	57	\$ 1,710.00
9 On-going Care	\$ 30.00	46	\$ 1,380.00
10 Family Support Services	\$ 40.00	5	\$ 200.00
11 Home Outreach Support Services	\$ 75.00	27	\$ 2,025.00
12 Birth Outcome Confirmation	\$ 40.00	20	\$ 800.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		635	\$ 15,735.00

Amount Due \$ 15,735.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78556	LCP CHECKING xxxxxx6649	\$15,735.00

Tracking ID: 78556

Total Amount: \$15,735.00

Created: 02/07/2018 4:49 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/07/2018 4:50 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$15,735.00	XXXX6569	Checking	XXXXX0153	

Addenda: Jan 2018 CPC

**APPROVAL(S):**

1 DOROTHY WALLIS

**Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124**

## IN KIND

## REIMBURSEMENT

<b>Total Services</b>	<b>286</b>	<b>\$ 7180</b>
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## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	155	Cumm 2nd Visits Last Month	247
Number of New Participants for This Month	29	New 2nd Visits	50
Cummulative Participants	184	Cumm 2nd Visits	297

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	29	\$ 290.00
2 Positive Pregnancy Test	\$ 10.00	40	\$ 400.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	40	\$ 1,600.00
6 Referral Services	\$ 10.00	50	\$ 500.00
7 Health Risk Assessment	\$ 30.00	50	\$ 1,500.00
8 Care Plan Care	\$ 30.00	28	\$ 840.00
9 On-going Care	\$ 30.00	22	\$ 660.00
10 Family Support Services	\$ 40.00	4	\$ 160.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	11	\$ 440.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>286</b>	<b>\$ 7,180.00</b>

Amount Due      \$      **7,180.00**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78558	LCP CHECKING xxxxxx6649	\$7,180.00

Tracking ID: 78558

Total Amount: \$7,180.00

Created: 02/07/2018 4:50 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/07/2018 4:51 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$7,180.00	XXXX078	Checking	XXXXX2949	

Addenda: Jan 2018 WRC

**APPROVAL(S):**

1 DOROTHY WALLIS



**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      A Pregnancy Center & Clinic  
 Project Number          LCP17-18-103  
 Date of Report          01/01/2018 thru 01/31/2018 (Report Printed: 02/01/2018)  
 Report Submitted By      Denise Williamson  
 Address                  913 S. College Rd Ste 206  
 City State Zip              Lafayette, LA 70503

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:75 2nd:41 3rd:34 Pantry:85 Home:10 Postpartum:6

Description of Service	#Served	Reimb. Cost	Total
Intake Application	43	\$10	\$ 430
Positive Pregnancy Test	75	\$10	\$ 750
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	75	\$40	\$ 3000
Referral Services	85	\$10	\$ 850
Health Risk Assessment	85	\$30	\$ 2550
Care Plan Development	41	\$30	\$ 1230
On-Going Care/Monitoring	44	\$30	\$ 1320
Family Support Services	26	\$40	\$ 1040
Home Outreach Support Services	10	\$75	\$ 750
Birth Outcome Confirmation	6	\$40	\$ 240

<b>Total Services</b>	<b>494</b>	<b>\$ 12240</b>
-----------------------	------------	-----------------

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Denise Williamson*  
*Rachel Williamson*  
*Denise Williamson*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

75

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month	231	Cumm 2nd Visits Last Month	333
Number of New Participants for This Month	43	New 2nd Visits	85
Cummulative Participants	274	Cumm 2nd Visits	418

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	43	\$ 430.00
2 Positive Pregnancy Test	\$ 10.00	75	\$ 750.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	75	\$ 3,000.00
6 Referral Services	\$ 10.00	85	\$ 850.00
7 Health Risk Assessment	\$ 30.00	85	\$ 2,550.00
8 Care Plan Care	\$ 30.00	41	\$ 1,230.00
9 On-going Care	\$ 30.00	44	\$ 1,320.00
10 Family Support Services	\$ 40.00	26	\$ 1,040.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	6	\$ 240.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		494	\$ 12,240.00

Amount Due \$ 12,240.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78562	LCP CHECKING xxxxxx6649	\$12,240.00

Tracking ID: 78562

Total Amount: \$12,240.00

Created: 02/07/2018 4:51 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/07/2018 4:51 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$12,240.00	XXXX2775	Checking	XXXXX0222	

Addenda: Jan 2018 APC

**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities  
Project Number LCP17-18-107-1  
Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/05/2018)  
Report Submitted By Kay Bongard  
Address 921 Aris Avenue  
City State Zip Metairie, LA 70005

## IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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## REIMBURSEMENT

New Pos. Clients:9 2nd:9 3rd:6 Pantry:36 Home:0 Postpartum:3

Description of Service	#Served	Reimb. Cost	Total
Intake Application	10 <del>85</del> 140	\$10	\$ 100 <del>850</del> 1400
Positive Pregnancy Test	9 <del>85</del> 140	\$10	\$ 90 <del>850</del> 1400
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1 (9) <del>400</del>	\$30	\$ 30 <del>(270)</del> 1400
Counseling	15	\$40	\$ 600
Referral Services	15 <del>145</del> 140	\$10	\$ 150 <del>140</del> 1400
Health Risk Assessment	15 <del>145</del> 140	\$30	\$ 450 <del>140</del> 1400
Care Plan Development	9 <del>85</del> 140	\$30	\$ 270 <del>240</del> 1400
On-Going Care/Monitoring	6 <del>5</del> 140	\$30	\$ 180 <del>150</del> 1400
Family Support Services	3	\$40	\$ 120
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	3	\$40	\$ 120

Total Services

~~85~~ 660 ~~140~~\$ 2120 ~~1560~~ 1400 ~~850~~

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐☐

Total Billed

☐☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*M Black*  
*M. Murphy*  
*Debra D. D...*

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## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	70	Cumm 2nd Visits Last Month	66
Number of New Participants for This Month	8	New 2nd Visits	14
Cummulative Participants	78	Cumm 2nd Visits	80

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	8	\$ 80.00
2 Positive Pregnancy Test	\$ 10.00	8	\$ 80.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	(9)	\$ (270.00)
5 Counseling	\$ 40.00	15	\$ 600.00
6 Referral Services	\$ 10.00	14	\$ 140.00
7 Health Risk Assessment	\$ 30.00	14	\$ 420.00
8 Care Plan Care	\$ 30.00	8	\$ 240.00
9 On-going Care	\$ 30.00	5	\$ 150.00
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		66	\$ 1,560.00

Amount Due \$ 1,560.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78565	LCP CHECKING xxxxxx6649	\$1,560.00

**Tracking ID:** 78565

**Total Amount:** \$1,560.00

**Created:** 02/07/2018 4:52 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 02/07/2018 4:53 PM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 2/8/2018

**Effective:** 2/9/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$1,560.00	XXXXX21274	Checking	XXXXX0137	

**Addenda:** Jan 2018 Access-Catholic

**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.  
Project Number LCP17-18-116  
Date of Report 01/01/2018 thru 01/31/2018 (Report Printed: 02/01/2018)  
Report Submitted By Tara Hudgins  
Address  
City State Zip ,

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:23 2nd:12 3rd:7 Pantry:26 Home:5 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	26	\$10	\$ 260
Positive Pregnancy Test	23	\$10	\$ 230
Negative Pregnancy Test	3	\$10	\$ 30
Abstinence Education	3	\$30	\$ 90
Counseling	30	\$40	\$ 1200
Referral Services	24	\$10	\$ 240
Health Risk Assessment	35	\$30	\$ 1050
Care Plan Development	23	\$30	\$ 690
On-Going Care/Monitoring	17	\$30	\$ 510
Family Support Services	15	\$40	\$ 600
Home Outreach Support Services	5	\$75	\$ 375
Birth Outcome Confirmation	4	\$40	\$ 160

Total Services 208 \$ 5435

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Kristi Behner

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SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration House

LCP 17-18-116

Cumm from Last Month	131	Cumm 2nd Visits Last Month	159
Number of New Participants for This Month	26	New 2nd Visits	35
Cummulative Participants	157	Cumm 2nd Visits	194

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	26	\$ 260.00
2 Positive Pregnancy Test	\$ 10.00	23	\$ 230.00
3 Negative Pregnancy Test	\$ 10.00	3	\$ 30.00
4 Abstinence Education	\$ 30.00	3	\$ 90.00
5 Counseling	\$ 40.00	30	\$ 1,200.00
6 Referral Services	\$ 10.00	24	\$ 240.00
7 Health Risk Assessment	\$ 30.00	35	\$ 1,050.00
8 Care Plan Care	\$ 30.00	23	\$ 690.00
9 On-going Care	\$ 30.00	17	\$ 510.00
10 Family Support Services	\$ 40.00	15	\$ 600.00
11 Home Outreach Support Services	\$ 75.00	5	\$ 375.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		208	\$ 5,435.00

Amount Due \$ 5,435.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78567	LCP CHECKING xxxxxx6649	\$5,435.00

**Tracking ID:** 78567

**Total Amount:** \$5,435.00

**Created:** 02/07/2018 4:53 PM

**Total Payments:** 1

**Created By:** DOROTHY WALLIS

**From:** LCP CHECKING xxxxxx6649

**Authorized:** 02/07/2018 4:54 PM

**ACH Class Code:** CCD

**Authorized By:** DOROTHY WALLIS

**ACH Header:** CARING TO LOVE M

**Will process On:** 2/8/2018

**Effective:** 2/9/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$5,435.00	XXXX176	Checking	XXXXX5459	

**Addenda:** Jan 2018 Restoration

**APPROVAL(S):**

1 DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      CPC Gonzales  
 Project Number          LCP17-18-01-1  
 Date of Report            01/01/2018 thru 01/31/2018 (Report Printed: 02/01/2018)  
 Report Submitted By      Michelle Dyess  
 Address                    322 E. Worthy  
 City State Zip            Gonzales, LA 70737

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:3 2nd:3 3rd:1 Pantry:6 Home:2 Postpartum:3

Description of Service	#Served	Reimb. Cost	Total
Intake Application	9✓	\$10	\$ 90✓
Positive Pregnancy Test	3✓	\$10	\$ 30✓
Negative Pregnancy Test	6✓	\$10	\$ 60✓
Abstinence Education	6✓	\$30	\$ 180✓
Counseling	4✓	\$40	\$ 160✓
Referral Services	6✓	\$10	\$ 60✓
Health Risk Assessment	6✓	\$30	\$ 180✓
Care Plan Development	3✓	\$30	\$ 90✓
On-Going Care/Monitoring	3✓	\$30	\$ 90✓
Family Support Services	0	\$40	\$ 0
Home Outreach Support Services	2✓	\$75	\$ 150✓
Birth Outcome Confirmation	3✓	\$40	\$ 120✓

Total Services      51      \$ 1210

☐ 2<sup>nd</sup> Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Michelle Dyess*  
*Michelle Dyess*  
*Michelle Dyess*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	67	Cumm 2nd Visits Last Month	35
Number of New Participants for This Month	9	New 2nd Visits	6
Cummulative Participants	76	Cumm 2nd Visits	41

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	9	\$ 90.00
2 Positive Pregnancy Test	\$ 10.00	3	\$ 30.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	4	\$ 160.00
6 Referral Services	\$ 10.00	6	\$ 60.00
7 Health Risk Assessment	\$ 30.00	6	\$ 180.00
8 Care Plan Care	\$ 30.00	3	\$ 90.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		51	\$ 1,210.00

Amount Due      \$ 1,210.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 78570	LCP CHECKING xxxxxx6649	\$1,210.00

Tracking ID: 78570

Total Amount: \$1,210.00

Created: 02/07/2018 4:55 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 02/07/2018 4:55 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 2/8/2018

Effective: 2/9/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,210.00	XXXX6569	Checking	XXXXX0153	

Addenda: Jan 2018 Gonzales

**APPROVAL(S):**

1 DOROTHY WALLIS

**PO# 2000 224936**

**SECTION I**

**INDIRECT COST**

# Life Choice Project

Coordinated Prenatal Care for  
Louisiana's Pregnant Women

## Invoice

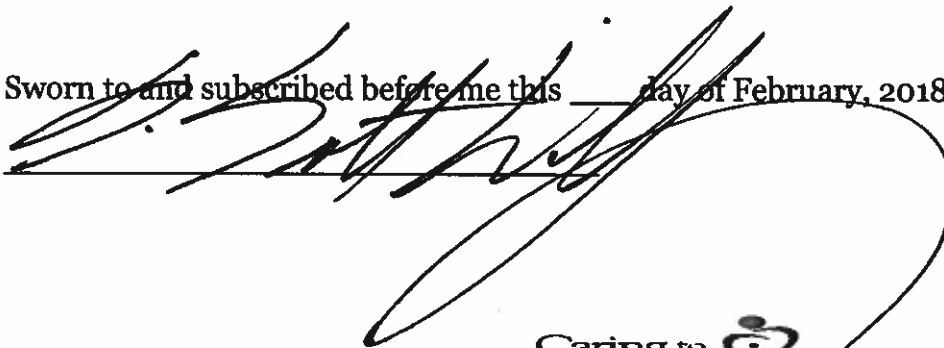
January 2018

Dorothy Wallis  
3813 North Flannery  
Baton Rouge, LA 70814  
(225) 215-0004 office  
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

  
Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this \_\_\_\_\_ day of February, 2018



S. SCOTT WILFONG  
NOTARY PUBLIC  
ID # 82151  
commission does not expire



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
2/6/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 77794	LCP CHECKING xxxxxx6649	\$4,500.00

Tracking ID: 77794

Total Amount: \$4,500.00

Created: 02/06/2018 4:16 PM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: DOROTHY WALLIS, CEO

Authorized: 02/06/2018 4:16 PM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 2/6/2018

ACH Header: CARING TO LOVE M

Effective: 2/7/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

Addenda: D Wallis-Jan18

**APPROVAL(S):**

1 DOROTHY WALLIS

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: January 2018

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	0	8.5	8.5	7.7	7.7	4.3	0	8.5	7.7	8.5	7.7	7.7	3.4	0	8.5	7.7	7.7	6.8	6.8	4.3	0	8.5	8.5	7.7	7.7	6.8	3.4	0	7.7	7.7	7.7	188,700
ADMIN	0	1.5	1.5	1.4	1.4	.8	0	1.5	1.4	1.5	1.4	1.4	.6	0	1.5	1.4	1.4	1.2	1.2	.8	0	1.5	1.5	1.4	1.4	1.2	.6	0	1.4	1.4	1.4	33,300
Hours	0	10	10	9	9	5	0	10	9	10	9	9	4	0	10	9	9	10	8	5	0	10	10	9	9	8	4	0	9	9	9	222,000

Employee Signature:  Date: Jan 3, 2018

Supervisor Signature:  Date: 1/4/18



GBS82087000173020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814Group ID: 27A61ERC  
Subgroup ID: 10000Due Date: 01/15/2018  
Billing Date: 01/02/2018Invoice Period From : 01/15/2018  
Invoice Period Through: 02/14/2018  
Invoice Number : 180020001383

Subscriber Count: 2

5225 Employee Benefits CPC

Outstanding Balance..... (\$2,134.03)

Premiums This Period..... \$2,217.29

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,217.29

***Please Pay Total Amount Due***

continued ➡

048A0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

**SECTION I Indirect Cost-Insurance****LCP Budget to reimburse CTLM = \$250.00 for month**

**GROUP SUMMARY**

Group Name: CARING TO LOVE MINISTRIES  
 Group ID: 27A61ERC  
 Subgroup ID: 0000  
 Due Date: 01/15/2018

**► PAYMENTS**

Description	Date	Amount
Payment Received	11/30/2017	\$2,134.03
Payment Received	12/06/2017	\$2,134.03
Payment Received	12/19/2017	\$2,134.03
<b>Total</b>		<b>\$6,402.09</b>

**► PREMIUMS BY COVERAGE TYPE - BCBSLA**

Coverage Type	Sub Count	Total
Medical	2	\$2,217.29
<b>Total</b>		<b>\$2,217.29</b>

**► PREMIUMS BY PRODUCT DETAIL - BCBSLA**

Product	Sub Count	Total
PPO	2	\$2,217.29
<b>Total</b>		<b>\$2,217.29</b>

**► PREMIUMS BY CLASS**

Class	Sub Count	Total
<b>SECTION I Indirect Cost-Insurance</b>		
A001	2	\$2,217.29
<b>LCP Budget to reimburse CTLM - \$250.00 for month</b>		<b>\$2,217.29</b>
<b>Total</b>		<b>\$2,217.29</b>

## EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES

Group ID: 27A61ERC

Subgroup ID: 0000

Due Date: 01/15/2018

## ► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Harden, Kim A	202227628	PPO	\$0.00	\$1,293.21	0	\$1,293.21
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						\$2,217.29

## SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

1/11/2018

PO# 2000 224936-0118 Section I-Indirect Cost-Insurance

Page 4 of 5

## Transactions Details

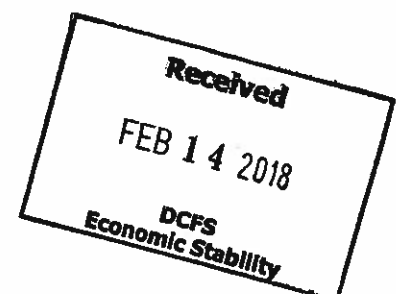
Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	DDA CHECK 0000017753
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$691.49

[Back](#)

<b>CARING TO LOVE MINISTRIES</b>		<b>WHEAT</b>	<b>BATON ROUGE, LOUISIANA</b>	<b>17753</b>
OPERATING ACCOUNT				
3813 N. FLANNERY ROAD				
BATON ROUGE, LA 70814				
(225) 273-1124		04-15/864		11/11/17
PAY TO THE ORDER OF	Blue Cross Blue Shield			\$2,134.03
Two Thousand One Hundred Thirty-Four and 03/100				DOLLARS
Blue Cross Blue Shield		VOID AFTER 60 DAYS OPERATING ACCOUNT		
P.O. Box 850007		<i>Society Keller</i>		
Dallas, TX 75285		AUTHORIZED SIGNATURE		
MEMO	Group ID 27A81ERC Subgroup 0000			
⑈017753⑈ ⑆065400153⑆				

## SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

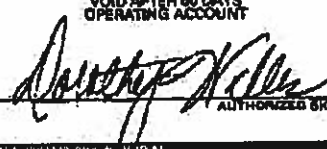


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Transactions Details

Posting Date	01/23/2018
Transaction Date	01/23/2018
Description	DDA CHECK 0000017810
Transaction Type	Debit
T/C	0075
Amount	\$83.26
Balance	\$15,900.47

Front Back

<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3818 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 873-1124		BATON ROUGE, LOUISIANA 84-15/654 1/14/18	17810
PAY TO THE ORDER OF Blue Cross Blue Shield		\$ 83.26	
Eighty-Three and 26/100		DOLLARS	
Blue Cross Blue Shield P.O. Box 650007 Dallas, TX 75265		VOID AFTER 60 DAYS OPERATING ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Group ID 27A81ERC Subgroup 0000 01/15/18-02/			
⑆017810⑆ ⑆065400153⑆			

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

**Attachment 7: Personnel Activity Report****Report Date: 1/31/18**

<b>Administrative Staff</b>	
<b>Project Administrator</b>	<b>Dorothy H. Wallis</b>
<b>Accounting Services</b>	<b>Vickie Davis</b>
<b>Programmatic Staff</b>	
<b>Services Coordinator</b>	<b>Sanaretha Gray</b>
<b>Home Prenatal Care Nurse</b>	<b>Kim Hardee, RN</b>
<b>Home Prenatal Care Educator</b>	<b>J. Moniq Adams</b>
<b>Clerical Support Specialist</b>	<b>Margaret Thompson</b>
<b>Contracted Professional Services</b>	
<b>Performance Improvement Coordinator</b>	<b>Garcia Bodley/Resources for Communities</b>
<b>Professional Technical Services/QA Supervisor</b>	<b>Jennifer Ham</b>
<b>Professional Technical Services/QA Specialist</b>	<b>Lacey Bodley</b>
<b>Professional Technical Services/QA Specialist</b>	<b>Alexis Farrugia</b>
<b>Professional Technical Services/QA Specialist</b>	<b>Emily Ilgenfritz</b>
<b>Other Professional/Technical Support Services</b>	
<b>Public Relations/Media Consultant</b>	<b>Randy Rice</b>
<b>Web-based Communications Consultant</b>	<b>Kathleen Benfield/Kathleen Benfield Consultants</b>
<b>Computer Services Technical Support</b>	<b>TurnKey</b>
<b>Auditor</b>	<b>Michael Choate, CPA</b>